

Americans with Disabilities Act (ADA)

Design ~ Construct ~ Maintain

REQUEST FOR SPECIAL ACCOMMODATION

REMOVAL OF BARRIERS TO ACCESSIBILITY

NAME: Last First MI ADDRESS: CITY: STATE: ZIP: PHONE: () EMAIL: Organization (if any) NAME: ADDRESS: CITY: STATE: ZIP: PHONE: () EMAIL: Location of Physical Barrier (if applicable) CITY: HIGHWAY / INTERSTATE #: STREET INTERSECTION: NEARBY LANDMARKS OR BUSINESSES: Concern Recommendation Please describe any barriers to accessibility: Please recommend any accommodations: Please recommend any accommodations: Please recommend any accommodations:	Personal Informati	on			
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Please describe any barriers to accessibility: Please recommend any accommodations: Please recommend any accommodations:	NEARBY LA	ANDMARKS O	R BUSINESS	ES:	
	Please describe	any barriers to acc	cessibility:	Please recommend any acc	commodations:

Mail to:

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